

Tri County Technology Center Foundation
Application for Scholarship

SECTION I:

Last Name: _____ First Name _____ MI: _____

Address: _____

City/State/Sip: _____

Home Phone: _____ Cell Phone: _____

SSN: _____ Birth Date: _____

Place of Employment: _____ Phone (message): _____

Address: _____

City/State/Zip: _____

SECTION II:

Intended use of Scholarship:

Full-Time/Half-Time Tuition

Program Name _____ Amount Requested: _____ Start Date: _____

Short-Term Tuition

Course Name: _____ Amount Requested: _____ Start Date: _____

Other: _____ Amount Requested: _____ Start Date: _____

SECTION II:

Why do you need this scholarship? _____

SECTION III:

Have you received a Foundation Scholarship previously? _____

Type of scholarship: _____ When: _____ Amount: _____

SECTION IV:

Find your family and annual gross income level on the chart below and circle the number of people in your family.

Household Size	Income
1	\$ 18,130
2	24,420
3	30,710
4	37,000
5	43,290
6	49,580
7	55,870
8	62,160
Each add'l family member add:	6,290

Is your income equal to or less than any of the amounts listed next to the number circled? Yes _____ No _____

ATTACH A COPY OF YOUR MOST RECENT INCOME TAX RETURN.

If you did not file a return you must sign the signature line below attesting that no income tax return was filed.

Signature of Applicant

The information included in this application is true and accurate to the best of my knowledge. I understand that completion of the application does not insure that I will be granted a scholarship. If approved, I will be notified of the amount of award to be made.

Scholarship Applicant

Date

The Board of Education of Tri County Technology Center District #1, its administration and/or their agents reserve the right to change information without notice when circumstances warrant such action. Tri County Technology Center is an Equal Opportunity Institution in accordance with civil rights legislation and does not discriminate on the basis of sex, race, color, age, religion, national origin, disability, veteran or marital status in the operation of its educational programs, activities, recruitment, admission and employment practices. Concerns regarding this policy should be addressed to Dana Johns, Compliance Officer, Tri County Technology Center, 6101 SE Nowata Road, Bartlesville, OK 74006, (918) 331-3256.

This student is receiving the following financial aid: _____

Financial Aid Officer: _____ **Date:** _____

Absence record and grade average, if full-time or part-time student: _____

Authorized Signature: _____ **Date:** _____

FOR OFFICE USE ONLY **NOT APPROVED** **APPROVED** **AMOUNT:** _____

Amount to be taken from the: _____ **Fund Account:** _____

Authorized Signature: _____ **Date:** _____